PATENT APPLICATION FEE DETERMINATION DECOMPAND of information orders a display a print of conserved to the person of the person PATENT APPLICATION FEE DETERMINATION RECORD ransion writers & displays a valid QNB control semble r. Substitute for Form PTO-875 2528 CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN ·FOR OR BASIC FEE CIT CFR 1.16(e) TOTAL CLARLS (3) CFR 1.18(ci) MUMBER FILED SMALL ENTITY MUMBER EXTRA RATE FEE RATE FEE DOEPENDENT CLAIMS D7 CFR 1.16DD OR minus 20 o OR MIATURE DEPENDENT CLAIM PRESENT K 8 **OR** COT CER LUGGE If the difference in column 1 is less than zero, enter 'W' in column 2 ĎR TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Coheran 1) (Cohema 2) CLAIMS REMAINING (Column 3) SMALL ENTITY OTHER THAN OR HIGHEST MEDIBER PREVIOUSLY PAID FOR SMALL ENTITY PRESENT AFTER AMENDMENT RATE ADDI-TIONAL FEE EXTRA RATE ADOL AMENDA 35 DI CPR LA FEE x : 50. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM SET OFR 1,15(0) x:/00. R . 200 OF * 180. TOTAL ADDI FEE TOTAL ADD'L FEÉ OR COMMENT 3) CLAIMS REMADEING AFTER HIGHEST NUMBER PREVIOUSLY PRESENT EXTRA RATE ADDI-TIDNAL FEE Total CF CFR 1.M RATE AMENDA HONAL Professor Professor . . <u>Z5</u> . FEE 0

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CO Grant Trans	. 39	Minus	35			
FIRST PRESENTATION OF MIATTIPLE DEPENDENT CLASM (37 CFR 1,1640)						
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TOTAL

If the entry in column 1 is less than the entry in-columning write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the CSPTO to properly) an application. Confiderately is governed by 35 US.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 which is to file (and by the analysing partners), preparing, and submitting the completed explication form to the USPTO. There will vary depending upon the individual case, they comments on the amount of time you require to complete its form under suggestions for reducing this bidden, should be sent to the Chief britmantion Officer, U.S. Patient ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complainty the form, call 1-800-PTO-9 by and select option 2.

(2) CFR 1,16(4)